Hardin-Simmons University
Office of Disability Services
Sandefer Memorial, Room 209
HSU Box 16158
Abilene, TX 79698
325-670-5842
Fax: 325-670-5862
disabilityservices@hsutx.edu

For HSU Office Use Only:

Date received: _____

Fax Email Mail

Drop Off With Application

Student Parent Other_____

APPLICATION FOR DISABILITY SUPPORT SERVICES
Clinician Verification Form-Physical/Sensory/Health/Psychological

TO THE STUDENT: This form must be completed by a qualified and licensed clinician. The HSU Office of Disability Services reserves the right to request additional documentation or contact your clinician for addition information.

I, _____, authorize my health-care provider to release the medical information requested on this form for the purpose of determining appropriate accommodations for my disability while at Hardin-Simmons University.

Signature of patient:_____ Date:_____

TO THE EVALUATOR: The student whose name appears above has applied for academic accommodations with the Office of Disability Services at Hardin Simmons University in Abilene, Texas. In order for eligibility to be determined, we need your clinical assessment/diagnosis of this student. Please carefully complete this form and answer all questions. Copies of reports or assessments may be faxed, but our records must include an original of this sheet which includes your signature and business card. We cannot accept substitutions for this form, however, you may provide supplemental information on official letterhead. Feel free to contact us with any questions or concerns. All information provided to us is confidential. Thank you for your assistance!

Today's Date:_____

Physician/Licensed Clinical Provider Name & Title:_____

State License #_____ Phone: _____ Fax: _____

Address:_____
City State Zip Code

Physician/Licensed Clinical Provider Signature:_____

ATTACH
BUSINESS CARD

The HSU Office of Disability Services provides academic accommodations to students with disabilities that reflect a **current substantial limitation to a major life activity** as it relates to higher education. To insure the provision of reasonable and appropriate accommodations for our students, this office requires current and comprehensive documentation of the disorder from a current treatment/assessment professional who is legally qualified to make the diagnosis.

Documentation of physical, sensory, or health-related disabilities (including, but not limited to, orthopedic, hearing, visual, systematic, or chronic illness) should include the following questions with comprehensive answers to them.

DSM IV Diagnosis_____

Date of Diagnosis_____ **Date of Last Contact with Patient**_____

Please describe the current symptoms the student is experiencing that meet the criteria for this diagnosis and report evaluation and assessment results. Please attach any related diagnostic report (audiogram, physical capacity evaluation, etc.)

What is the severity of impairment, duration and expected long-term impact?

What is the prognosis (short/long term) for this condition?

Please list his/her current prescribed medication(s), dosage, frequency and possible adverse side effects, **as they relate to academic performance.**

Please describe how this disorder exhibits itself as a **current substantial limitation to a major life activity** in a college academic environment.

Please provide your *recommendations* for **reasonable** academic accommodations **to equalize** this student's opportunities at a post-secondary level. *Include your rationale for arriving at these recommendations and how they would be helpful in* ***equalizing*** *the student's opportunities*. Please include any record of student's prior accommodation or auxiliary aides, including information about specific conditions under which the accommodations were used (e.g. standardized testing, final exams, licensing/certification exams) and discuss how accommodations were helpful or not helpful.
*** NOTE*:*** *under Section 504 and ADA, the notion that a student "would benefit from" a certain accommodation is not a sufficient rationale for providing accommodations. The intent of the law is to equalize educational opportunities,* ***not*** *to "guarantee success" in postsecondary education.*

Please describe any relevant information you may have, that has not been addressed, regarding this student's potential for success at Hardin-Simmons University.

Return this form and any attachments to:

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